

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	MW		11-29
<b>O.I.P.E. CLASSIFIER</b>	32		12/10
<b>FORMALITY REVIEW</b>	1061		12/12/01
<b>RESPONSE FORMALITY REVIEW</b>	A.M. SC 580	02-08-02	

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	9/29/94
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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1/12/01  
SC 781  
72-056-62